


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000054780**

1. Entity Name  
**UMI INTERNATIONAL GROUP INC.**



FILED  
04 MAY -3 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**2 ALHAMBRA PLAZA  
PH -1A  
CORAL GABLES, FL 33134    US**

**2 ALHAMBRA PLAZA  
PH -1A  
CORAL GABLES, FL 33134    US**



2. Principal Place of Business      3. Mailing Address

**1 Alhambra Plaza      1 Alhambra Plaza**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**# 725      # 725**

City & State      City & State

**Coral Gables, FL      Coral Gables, FL**

Zip      Country      Zip      Country

**33134      USA      33134      USA**

04302004    Chg-P    CR2E034 (10/03)

4. FEI Number **20-1009202**      Applied For  
Not Applicable

5. Certificate of Status Desired        \$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

**BLANCO, JOSE  
2 ALHAMBRA PLAZA  
PH-1A  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1 Alhambra Plaza #725**

City      State      Zip Code

**Coral Gables FL 33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Jose Blanco**      DATE: **04-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S <b>BLANCO, JOSE</b> <input type="checkbox"/> Delete <b>2 ALHAMBRA PLAZA PH-1A CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ARIAS, HERMAN</b> <input type="checkbox"/> Delete <b>2 ALHAMBRA PLAZA PH-1A CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1 Alhambra Plaza #725 Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1 Alhambra Plaza #725 Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000035437660 05/05/04--01001--009    **2250.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KH</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jose Blanco**      DATE: **04-30-04**

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #